M13000007450

(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300252548603

11/25/13--01027--015 **155.00

13 NOV 25 PM 1: 30

FILED
13 NOV 25 JULE 23
55 PROSE 25 JULE 25

Am 11/26/13

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	
FILING COVER S ACCT. #FCA-23	SHEET
CONTACT:	Kim Weidenbach
DATE:	11/25/13
REF. #:	<u>8969726</u>
CORP. NAME:	PIKAE LLC
•	
() ARTICLES OF INCO	DRPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION
() ANNUAL REPORT	() TRADEMARK/SERVICE MARK () FICTITIOUS NAME
(XX) FOREIGN QUALI	FICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY
() REINSTATEMENT	() MERGER () WITHDRAWAL
() CERTIFICATE OF C	CANCELLATION
() OTHER:	
·	
STATE FEES PR	REPAID WITH CHECK# 70010291 FOR \$ 155.00
AUTHORIZATI	ON FOR ACCOUNT IF TO BE DEBITED:
	COST LIMIT: \$
PLEASE RETUR	RN:
(XX) CERTIFIED CO	OPY () CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY
() CERTIFICATE OF	STATUS

Examiner's Initials

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

$I\!\!N$ C	COMPLIANCE	WITH SECTION O	608.503, FLOR	IDA STATUIE	S, THE F	OLLOWING .	IS SUBMII	TED 10	REGISTER A	FOREIGN
IJМ	TEDLIABILT.	Y COMPANY TO T	RANSACT BU	INESS IN THE	STATE O	F FLORIDA:			*	
1	Pikae LLC			•						
				4	167 5	3 7 7 3 77 4 77		TION	H7 T C 20	

Delawa					<u> </u>	33-1	230522		, , , , , , , , , , , , , , , , , , , 	 	:	· · ·
	on under the s organized)		ich foreig	n bmited l	liability		(FEI	number,	if applicab	16)		
Novemb	per 18, 2013			:		Perpet		•	·	<u>`</u>		<i>.</i>
	(Date o	f Organiza	tion)		•	exist	tion: Year or "perpen	limited listal")	bility com	pany wil	cease t	
Upor	filing	·							·	٠,	—	
		(Date i	first transa tions 608.	icted busii 501 & 60	ness in Flo 8.502 F.S	mida, if pr to detect	ior to regis ine p e nalty	tration.) (liability)	4			
3185	Dundas Str	eet West				·			• •	1		ಪ
Oakvi	llé, Ontario	L6M 4J	4				··· ··			1 m		3
				(Stree	t Address	of Princip	al Office)					2
If limite	ed liability	соторав	y is a m	anager-r	nanaged	compan	y, check	here 🌉				
The nar	ne and usi	ial busin	ess addr	esses of	the man	aging me	embers o	r manag	ers are as	follow	S .	1/3
Andy K	elelaars, M	lanager -	- 3185 C)undas S	Street We	st, Oakvil	le, Ontari	⊃ L6M 4J	4			1.29
 ;	,								, ,			
;			· · · · ·		_			<u> </u>		· <u>·</u>	· · · · · ·	· · · · ·
jurisdictio	lis an origina no under the fithe certifica	law of wh	ich it is on	ganizad (A	A photoco	py is not a	doly author explable.	lftheceni	icate is in a	i foreign	languag	ofiex ge, a
nslation o		ec at my	rposes to	be con	ducted o	r promot	ed in Flo	rida: 🔼	ny lawful p	ourpose		
	e of busine	igo Or þa	<u>.</u>						-	_		
, Natur	e of busine ed under the	•			Compar	ıy Act and	the Flori	da Limite	ed Liability	Compa	ny Act.	·

Andy Ketelaars, Manager
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

PIKAE LLC	E Limited Liability Comp	any is:						
If unavailable, the	alternate to be used in the	e state of Florida is:						
2. The name and t	he Florida street address	of the registered agent and office a	re:					
Ĺ	United Corporate Services, Inc.							
		(Name)	- 1950 AS	- 7				
9	200 South Dad	deland Blvd, Suite 50	08 [[왕]	F				
Agricultage	Florida Street Ado	dress (P.O. Box NOT ACCEPTABLE)						
<u>N</u>	1iami	_{FL} 33156	22 T					
		City/State/Zip						

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Michael A Lan

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PIKAE LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIKAE LLC"
WAS FORMED ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

13 NOV 25 RULE 29

5434218 8300

131342308

AUI

jeffrey W. Bullock, Secretary of State

AUTHENT (CATION: 0920925

DATE: 11-22-13

You may verify this certificate online at corp.delaware.gov/authver.shtml